STATE OF NEW HAMPSHIRE

Effective Date: 12/07/2005 Business ID: 548407 William M. Gardner Secretary of State

Filed Date Filed: 12/07/2005

Fee for Form SRA: \$50.00 Filing fee: **\$**50.00 Total fees \$100.00 Use black print or type. Leave 1" margins both sides.

Form must be single-sided, on 8½" x 11" paper and have one inch margins on both sides. Double sided copies will not be accepted.

CERTIFICATE OF FORMATION NEW HAMPSHIRE LIMITED LIABILITY COMPANY

THE UNDERSIGNED, UNDER THE NEW HAMPSHIRE LIMITED LIABILITY COMPANY LAWS SUBMITS THE FOLLOWING CERTIFICATE OF FORMATION:

FIRST: The name of the limited liability compar	ny is
DEPOT ENERGY, LI	.c
	purposes are
To deliver home heating oil to cons	umers. To carry on any business or
other activity which may be lawfull	y carried on by an LLC organized under
the Law of the State of New Hampshi	re, whether or not related to those
referred to in the foregoing statem	ent.
	ny's registered agent is
Thomas D. Greer	
and the street address, town/city (including zip of	code and post office box, if any) of its registered office is
(agent's business address) 59 Rou	te 125
Kingst	on, NH 03848
FOURTH: The latest date on which the limited life. FIFTH: The management of the limited liability managers.	company <u>is not</u> vested in a manager or
Dated <u>December 1</u> , 2005	$\Omega I = \Omega Q$
*Signature:	Show It den
Print or type name:	Thomas D. Greer
State of New Hampshire Title: LLC 1 - Certificate of Formation 3 Page(s)	Member (Enter "manager" or "member")

ger, must be signed by a member.

LETTER OF CONSENT

I, Thomas D. Greer, registrant of the trade name DEPOT ENERGY, LLC consent to allow Thomas D. Greer and Kellie Greer to use the name DEPOT ENERGY, LLC, for their New Hampshire Limited Liability Company.

Dated: $\frac{12}{205}$

Thomas D. Greer

Form SRA – Addendum to Business Organization and Registration Forms Statement of Compliance with New Hampshire Securities Laws

Part I - Business Identification and Contact Information Business Name: DEPOT ENERGY, LLC Business Address (include city, state, zip): 59 Route 125, Kingston, NH 03848 Telephone Number: (603) 642-6677 E-mail: Contact Person: Thomas D. Greer Contact Person Address (If Different): Part II - Check **ONE** of the following items in Part II If more than one item is checked, this form will be rejected. [PLEASE NOTE: Most small businesses registering in New Hampshire qualify for the exemption in Part II, Item 1 below. However, you must insure that your business meets all of the requirements spelled out in A), B) and C)]: Ownership interests in this business are exempt from the registration requirements of the state of New Hampshire because the business meets ALL of the following three requirements: A) This business has 10 or fewer owners; and B) Advertising relating to the sale of ownership interests has not been circulated; and C) Sales of ownership interests - if any - will be completed within 60 days of the formation of this business. This business will offer securities in New Hampshire under another exemption from registration or will notice file for federal covered securities. Enter the citation for the exemption or notice filing claimed -This business has registered or will register its securities for sale in New Hampshire. Enter the date the registration statement was or will be filed with the Bureau of Securities Regulation - . . This business was formed in a state other than New Hampshire and will not offer or sell securities in New Hampshire. Part III - Check ONE of the following items in Part III: This business is not a New Hampshire corporation or limited partnership. (ALL LLC's should check this item.) This business is a New Hampshire corporation or limited partnership and the articles of incorporation or certificate of limited partnership states whether capital stock or interests will be sold or offered for sale. Part IV - Certification of Accuracy (NOTE: The information in Part IV must be certified by: 1) all of the incorporators of a corporation to be formed; or 2) an executive officer of an existing corporation; or 3) all of the general partners or intended general partners of a limited partnership; or 4) one or more authorized members or managers of a limited liability company; or 5) one or more authorized partners of a registered limited liability partnership or foreign registered limited liability partnership.) I (We) certify that the information provided in this form is true and complete. (Original signatures only) Name (print): _____ Thomas D. Greer _____ Signature: ________ Name (print): Kellie Greer Signature: Name (print): Signature:

Date: December 1, 2005